INTERACTIONS AND INHERENT RELATIONSHIPS BETWEEN ALTERNATIVE HEALTH CARE PROVIDERS AND THEIR PATIENTS

1996

SMITH

Thesis Approval Form

INTERACTIONS AND INHERENT RELATIONSHIPS BETWEEN ALTERNATIVE HEALTH
CARE PROVIDERS AND THEIR PATIENTS

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ABSTRACT

The interactions and inherent relationships between alternative health care providers and their patients was explored using a descriptive qualitative approach. The purpose of the study was to describe and identify both common and prominent themes in the nature of the interactions and relationships. A purposive sampling of providers resulted in 3 provider participants of differing practices: a doctor of chiropractic, a doctor of acupunture/Traditional Chinese medicine, and a practitioner of healing touch. A convenience sampling of established patients yielded a 12 patient participants, four per provider. Data were generated from provider interviews, patient interviews, and observed patient-provider sessions. Data analysis utilized the qualitative methods of theme categorizing and clustering as described by Burns and Grove. Five theme categories emerged from the data: (1) Health Promotion/Illness Prevention, (2) Relaxation/Combating Stress, (3) Provider as Mechanism of Treatment, (4) Friendship, (4A) Listening, (4B) Small Talk, (4C) Openness/Trusting/Caring, (5) Holism. Significant statements were extrapolated to illustrate the arrival of the theme categories and clusters.

The findings of this study demonstrate that the themes are characteristics of the interactions and relationships between alternative providers and their patients and are components contributing to the therapeutic process.

INTERACTIONS AND INHERENT RELATIONSHIPS BETWEEN ALTERNATIVE HEALTH CARE PROVIDERS AND THEIR PATIENTS

by

PATRICIA A. SMITH, BSN

THESIS

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Dedication

To the most important people in my life, I dedicate the creation of this thesis. Without their support and unyielding belief in me, the attainement of a goal and the creation of this thesis would not have been possible.

To my mother and father who have always been my heros, I dedicate this paper and thank you for instilling in me the strongest values of honesty, integrity, and self respect.

Acknowledgement

The assistance, guidance and support of numerous people have contributed to making possible the attainment of this degree. I am grateful to Dr. Regina Aune chairperson, and the members of the thesis advisory committe, Dr. Barbara Sylvia, and Dr. Lance Sholdt. I would also like to express my gratitude to Rebecca LaChance, Major, USA Nurse Corps, Nursing Research Department, Walter Reed Army Medical Center. The guidance, knowledge, and support these individuals provided was invaluable.

Sincere appreciatation is also extended to the participants of this study, who gave willingly of themselves during this study. The alternative providers and patients involved in this study have taught me immeasurable lessons which have already improved my understanding and care of patients.

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CHAPTER ONE

AIM OF THE STUDY

Introduction

In recent years there has been an increase in the interest and use of non-conventional or alternative health care by consumers. In 1990, a study revealed that one in three respondents reported using at least one unconventional therapy during the previous year and that one third of these had seen an alternative health care provider (Eisenberg, Keesler, Foster, Norlock, Calkins, & Delanco, 1993). A variety of terms are used interchangeably to refer to practices/therapies which are not usually found within conventional medicine: alternative, unconventional, unorthodox, non-traditional, and complementary (Linde & Carrow, 1985; Huebscher, 1994). Conversely, in the Orient, traditional medicine is synonymous with Chinese medicine and acupuncture. Numerous terms are also used in reference to the practices/therapies that conform to the established, widely accepted standards of conventional or modern medicine: orthodox, western, biomedical, and allopathic. Alternative health care encompasses a wide variety of practices/therapies and beliefs regarding health, illness, and the care or treatment of individuals. Therapies such as acupuncture/Traditional Chinese medicine, homeopathy, reflexology, healing touch, and even chiropractic are but a few practices which fall under the vast umbrella of alternative health care.

A number of studies have been conducted to determine patterns of use and reasons why patients seek alternative health care (Casileth, Lusk, Strouse, & Bodenheimer, 1984; Furnham & Bhagrath, 1993; Furnham & Forey, 1994). These studies revealed that consumers sought alternative health care due to: 1) dissatisfaction with conventional health care providers' treatment of symptoms and not the underlying cause, 2) the low patient involvement and a failure to address concerns of health maintenance, 3) an attraction to natural therapies, 4) the treatment of the "whole person," and 5) taking responsibility for one's own health.

Some conventional health care professionals have incorporated alternative therapies into their practices, yet many consumers prefer to seek such therapies through alternative providers due to their desire for a different type of relationship with their health care provider and a different perspective of health, illness, and care (O'Connor, 1995). O'Connor reported that individuals "are seeking a different cognitive framework, a different level of skill, and different interaction patterns as well as specific therapeutic interventions" (p 163). Thus, inquiry into the nature of the interactions and the inherent relationships between alternative providers and their patients is needed in order to best identify patients' desires as well as their needs. To date, only one study has looked at the interactions of an alternative provider--a chiropractor, and his patients (Oths, 1994).

Statement of the Problem

The increasing popularity of alternative health care has demonstrated a deficiency in the conventional health care system in meeting the needs and desires of all patients.

Statement of the Purpose

The purpose of this study was to describe and identify both common and prominent themes in the nature of the interactions and inherent relationships of alternative health care providers and their patients.

Justification for the Study

The interactions and subsequent relationships between health care professionals and patients have for years been demonstrated to be a critical element of the therapeutic process (Egbert, Battit, Welch, & Bartlett, 1964; Kaplan, Greenfield, & Ware, 1989). Knowledge of the nature of interactions and relationships between alternative providers and their patients can yield an enhanced understanding of the therapeutic process as well as provide insight into the needs and desires of patients utilizing alternative health care.

CHAPTER TWO

EVOLUTION OF THE STUDY

Background

This study originated from the researcher's personal interest in the theories behind alternative therapies and the recognition of the increased use of such therapies by health care consumers. The researcher, a nurse of ten years, had experienced clinical practice situations which led to the realization that much is yet to be learned about the human condition, the experience of illness, and the phenomenon of healing. The researcher was curious to learn what in the nature of the phenomenon contributes to the therapeutic process in addition to the specific alternative treatment.

Framework

Alternative health care has been described as an approach that treats the 'whole person' and develops a partnership with the patient in his/her care (Goldberg, 1993). Holistic health care is the treatment of the 'whole person' integrating body, mind, and spirit in order to achieve optimal health (Linde & Carrow, 1985). Holism views the individual as one complete unit or being in which parts cannot be treated separately or be viewed independently of one another. Effective communications and interactions elicit an understanding of the patient's world--their problems, the effects of illness on their life, and their views of health and healing (DiMatteo, 1994). Patients who

have consulted an alternative provider believe that practitioners should focus on the "whole person" rather than on symptoms alone and that health maintenance is equally important to the treatment of disease (Furnham & Forey, 1994). Through interactions with the patient, the practitioner gains insight into the patient as a "whole person" and thus, may treat the patient holistically.

Contributing Literature

Practitioner-patient interactions and the inherent relationship that develops are as critical to the therapeutic process as the intervention employed (Coulehant & Block, 1992). The interactive process of communication is the core activity of caring and healing for all health care practitioners (Jenkins, Mallett, O'Neill, McFadden, & Baird, 1994). Provider-patient interactions must include a conveyance of emotional support as an element of a therapeutic relationship. Holland (1982) concluded that patients who sense emotional support from their practitioner are less likely to seek alternative health care than are patients who find their provider indifferent to their concerns.

The quality of the interactive process and the health professional-patient relationship are major determinants of patient satisfaction (Kaplan et al, 1989; Anderson, DeVillis, & DeVillis, 1987). The ideal practitioner-patient relationship involves listening to and understanding the patient's symptoms and the effects on life, family,

occupation, and discussing any additional related concerns (Emanuel & Dubler, 1995). The health professional in this ideal relationship displays caring through integrating information from the patient with his/her own knowledge and involving the patient in a discussion to yield an agreement upon health objectives, treatments, and lifestyle (Emanuel & Emanuel, 1992).

Many studies have evaluated the interactions of conventional health care professionals and their patients. Most notably is a study by Korsch, Gozzi, and Francis (1968) that used a quantitative design supplemented with qualitative descriptions of interactions between pediatricians and the patient/parents. The study identified gaps in communication which led to patient dissatisfaction. Factors contributing to communication barriers were reported: 1) a lack of warmth and friendliness on the part of the provider, 2) failure to take into account the patient's concerns and expectations, 3) lack of clear explanations in regard to diagnosis and cause of illness. Several systems for analyzing provider-patient interactions have been developed and include Bales' Interaction Process Analysis, Roter's Modified Interaction Process Analysis, Stiles' Verbal Response Modes, and Katz's Resource Exchange Analysis (Wasserman & Inui, 1983). These systems of analyzing interactions have predetermined categories in which data is applied. The problem with such systems is that the meaning or essence of the data is forced into categories rather than allowing the data to speak for

itself. Wasserman & Inui (1983) point out that "researchers must choose an approach with capabilities appropriate to the question of interest; in interpreting results, researchers must bear in mind the limitations of their approach" (p 292).

Definition of Relevant Terms

Acupuncture: both a diagnostic and therapeutic intervention involving the stimulation of energy points by placing needles at designated areas of the body, based on the belief that energy flows through channels in the body connecting different areas. Energy within the body interacts with energy within the environment. Health or illness is related to this flow of energy. Acupuncture points are stimulated to balance the circulation of energy, which influences the health of the entire being or "whole person."

Alternative health care: practices and therapies not usually found within the realm of established, widely accepted standard practices of conventional medicine. A term used to describe a number of practices, techniques, and systems utilized to treat illness/disease and promote well-being. Each type of practice is based on a certain philosophy that explains the occurrence of illness/disease. While alternative therapies may be diverse in specific aspects, they share common goals of care such as enhancing the body's own recuperative powers, sharing the responsibility of care with the patient, treating the patient as a "whole," and restoring the balance of body,

mind, and spirit. Alternative treatments are usually individualized to the suitability and sensitivity of the patient, while the influence of the mind on the physical state of the body is integrated into the care of the patient.

Chiropractic: a system of healing based on the theory that all dysfunction is caused by misalignments in the body structure or frame, interfering with the flow of energy in the body. Treatment consists of adjustments in alignment or structure through physical manipulations thereby decreasing dysfunction and promoting/maintaining health. Chiropractic often incorporates nutritional therapies.

Conventional health care: practices and therapies which have been widely accepted as standard practice by the medical community; founded in biomedicine, in which pathogens, metabolic or genetic errors, or chemical imbalances are identified as being responsible for illness/disease. The focus of practice is on diagnosing an illness or disease based on a specific set of signs and symptoms and the subsequent treatment is selected based on the diagnosis. The prevailing goal is on cure or suppression of illness or disease. Foundations are in scientific study and theory rather than philosophical ideas and beliefs.

Encounter: meeting or interaction between a health professional and patient.

Healing Touch: synonymous with therapeutic touch. A contemporary interpretation of ancient healing practices. A process of energy exchange induced by the practitioner through the use of his/her hands to facilitate healing. Based on the theory that human beings are energy in the form of a field and a reduction in the free flow of energy or an imbalance causes illness/disease. Optimal health is achieved and maintained through proper balance and the free flow of energy.

Holism: a view maintaining that a human being is greater than the sum of his/her parts; integrating body, mind, and spirit into one "whole person."

Interaction: an exchange or conveyance of information, feelings, or emotions between two or more persons by either verbal or non-verbal means.

Provider: a professional who prescribes or provides treatment for health related problems and concerns. Includes physicians, nurses, therapists. Used interchangabely with practitioner.

Relationship: the ongoing connection in thought, meaning, or act between two individuals.

Session: encounter between provider and patient for the purpose of treatment of a health related problem or concern.

Traditional Chinese medicine: an approach to health care based on the theory of the need for a balance of energy within the body, mind, and spirit. Incorporates the use of herbs and acupuncture.

CHAPTER THREE

METHOD OF INQUIRY: GENERAL

Qualitative Approach

The qualitative method of inquiry is utilized to gain insights through meanings revealed by the data (Burns & Grove, 1993). Qualitative research looks at the richness or fullness of the phenomenon of study taking into account that reality is a matter of perception and that meaning can only be related to a given situation or in a given context (Burns & Grove, 1993). Thus, qualitative approaches are useful in the study of human experiences and phenomenon. Data reflect the perspectives of participants rather than the perspective of the researcher. The selected phenomenon of study is seen from the perspectives and realities of those who are experiencing the phenomenon. In this light, the researcher is provided greater comprehension of the subject of study.

Often, the intent of the qualitative study is to discover explanation or meaning rather than to test theory or solve problems (Denzin & Lincoln, 1994). There is a greater emphasis on the reason for the fact, rather than the fact itself (Munhall & Boyd, 1993). Burns & Grove (1993) further explain that qualitative approaches are founded in the concept of gestalt in that "knowledge about a particular phenomenon is organized into a cluster or linked ideas" (p 61). Each qualitative study is guided by a particular philosophy that provides a point of orientation.

In the descriptive or normative approach to qualitative research, the goal is to derive truth through

observation or the means used to obtain data. In this sense, observation pertains to whatever means is used to bring the data to the awareness of the researcher (Leedy, 1993). Inherent in the means of data collection is the situation that the researcher serves as the tool. The researcher, rather than a questionnaire, is the instrument used to acquire data. As such, the question as to the truth of the data is imposed. The presence of the researcher and the manner in which the interview or observation is conducted can influence the resulting data. In order to allow the truth to emerge, the researcher must provide for an open context and resist leading the response (Burns & Grove, 1993). The researcher as the tool also refers to the researcher's sense-making of the data. The researcher does not use a particular test for analysis, but instead, relies on his/her own ability to cognitively evaluate the data (Boyd & Munhall, 1993).

Due to the nature of qualitative research, an abundance of data can be obtained from only a small sample size (Abdellah & Levine, 1994). Thus, practicality and data manageability aide in determining the sample size. The researcher must consider the potential amount and type of data that will be gained. Large volumes of transcripts and notes makes sorting and categorizing more cumbersome. Broad focused data or data from varied sources makes themes in the data more difficult to identify. It is desirable that the sample size allow for a saturation of the data. In other

words, the data should at some point give rise to identifiable, repetitive or recurrent characteristics.

Qualitative research emphasizes truth and reality as a perspective. Thus, the setting for the study should be such to permit the revelation of that perspective. The researcher strives to obtain data "that serve to describe the experience under study" (Munhall & Boyd, 1993, p 75). Hence, the phenomenon of study is best observed in the setting where it naturally occurs.

Analysis of the data focuses on content (Abdellah & Levine, 1994). Data are repeatedly and systematically reviewed for the identification of themes, categories, or clusters that pose some relationship to one another and in their description, provide meaning.

Rationale for Method

The nature and purpose of this research study dictated the use of a qualitative descriptive methodology. Direct observation combined with recording provider-patient interactions has been shown to provide the most valid means of studying the interactive process of communication (Waitzkin & Stoeckle, 1972). The study of the complexities of interactions is best suited to the qualitative approach because the interactive process involves a great deal more than words alone. Tone, inflection, non-verbal gestures, and the context of the situation all contribute to the message being conveyed. Through a qualitative approach, the

full essence of the interactions can be more comprehensively understood (Ventres, 1994).

CHAPTER FOUR

METHOD OF INQUIRY: APPLIED

Background

In this study, the final application of the methodology resulted from an evolutionary process that deserves explanation in order to provide reason to the research plan. Originally, the applied method of inquiry included a purposeful sample of five different types of alternative providers: a doctor of homeopathy, a doctor of acupuncture/Traditional Chinese medicine, a doctor of chiropractic, and a practitioner of Ayurveda (a practice of health care originating from Hindu culture and is based on the body's transmission and reception of energy). These practitioners were selected from references provided by area researchers knowledgeable in alternative health care. Five different types of providers were desirable for the study in order to lend diversity to the collective grouping under the title of alternative providers. The patient population was then to have been a convenience sample of three patients per provider who were presenting for an initial visit. The visit was to be observed and audio-recorded. The researcher chose the initial visit for observation in order to obtain data regarding the interactions which would set forth the developing relationship. An audio-recorded interview with each patient was planned to immediately follow the initial visit and then a follow-up interview was to be completed four to six weeks later which would provide data regarding the nature of the ongoing relationship. While this design

would directly access the desired data, the design was infeasible. All five providers, who had originally agreed to participate in the study with the understanding of what was required of themselves and their patients, withdrew from the study. Reasons for withdrawl included "the nature of the study was too intrusive during the time of trying to initiate a relationship with the patient" and "the study was of no benefit to the patient." It quickly became apparent to the researcher that the design of the study would have to be altered in a way that would be more acceptable for providers to participate, yet still access data regarding the interactions and relationships between alternative providers and their patients. The following sections in this chapter describe the final application of the method of inquiry.

Sample

The sample of provider participants were purposefully selected through efforts of the researcher contacting ten area provider (five males and five females), explaining the means of data collection for the study, and asking for their participation. Only three females of the ten providers contacted agreed to participate: a doctor of acupuncture/Traditional Chinese medicine, a doctor of chiropractic, and a practitioner of healing touch. Due to time constraints and limited provider participation, this small provider sample was utilized in the study.

A convenience sample of four patients per provider was used in efforts to generate adequate data, yet not exceed manageability. Both researcher and providers agreed that data would be more easily collected on days in which the provider had relatively light patient schedules in order to allow the researcher adequate time without hindering the flow of business. Established patients presenting on those days when the researcher was present were greeted by the provider, introduced to the researcher, informed of the study requirements, and asked if they cared to participate. Those patients agreeing to participate served as the patient sample. Only one patient who was asked to participate declined. All persons in the patient sample were female. Only one male patient, who was entering as the researcher was leaving from the last interview, was seen during the researcher's time at any of the three offices. Further demographics on the patient sample will be presented in Chapter Five.

Setting

The setting for the study consisted of the three providers' offices and treatment areas. Provider interviews were conducted with only the researcher and provider present. Patients were introduced to the researcher in either the waiting area or treatment area. The observed provider-patient sessions took place in treatment rooms with only the patient, provider, and researcher present. Patient interviews were conducted in either the provider's private

office or a treatment room with only the patient and the researcher present. Since the environment is contributory to the interactive process, the setting will be described in more detail as the environment in Chapter Five.

Data Collection

The data collection process consisted of audio-recording an interview with each of the three providers, observing and audio-recording sessions of each provider interacting with four different patients, and audio-recording interviews with each of the patients. Open response interviews were conducted with each provider using guidelines that related to their philosophy of health, illness, and the care of patients; what the focus of discussion is during the initial patient encounter; and how they would describe their relationships with their patients (see Appendix A). Encounters between providers and established patients were both audio-recorded and observed with field notations made to account for non-verbal interactions and contributing influences such as environment. Additional data were obtained through audio-recorded patient interviews. Prio to the onset of the study, preliminary interviews were conducted with three patients who see alternative providers in order to establish guidelines which would yield an informative and truthful interview. Patients for the preliminary interview were not included in the study results and their alternative provider was unknown to the researcher. Patients were queried as to

their likes about their sessions with the provider, how these encounters differed from those with conventional providers, and how they would describe their relationship with their alternative provider (see Appendix B). Patients were encouraged to provide narrative responses. The researcher took great care so as to not lead a particular response. If a question was not understood, the researcher would re-form the question without suggesting examples of responses. Frequently the researcher obtained clarification of an answer by stating her interpretation which would result in the patient confirming or correcting the interpretation.

In summary, the data consisted of field notes; audio-recordings of three provider interviews, twelve patient interviews, and twelve provider-patient sessions. All tapes and field notes were transcribed by the researcher, providing a form of data more readily manageable for sorting and categorizing.

Data Analysis

As with most qualitative studies, data analysis was initiated during the process of data collection. Data were continuously reviewed to the point of immersion or total consumption of the researcher by the data. The data, consisting of transcriptions and notes were initially reviewed as they became available. Data were then coded using descriptive/interpretive terms to identify the meaning derived from the context of the data. In other words,

statements, interactions, or observations were coded using a term reflective of what was being conveyed or what was transpiring. For example, during an alternative therapy such as acupuncture, the provider is not simply placing needles into the skin, but as perceived by both the provider and the patient, the provider is taking action to strengthen the body. Thus, the discovered meaning is strengthening the body and not merely performing the treatment.

Coded data were then separated according to source--from patient interviews, provider interviews, or observed provider-patient sessions and the coding of data was re-evaluated. Data were then sorted according to the type of therapy used--acupuncture, healing touch, or chiropractic, and the coding of the data was again re-evaluated for appropriateness. Data were then clustered according to codes. By clustering the data, additional insight was gained as the data were seen as a whole and the interpretation of the meaning was then reviewed. This allowed the researcher to further assess the appropriateness of the interpretation and description. Through clustering the data, major theme categories emerged.

The process of data analysis was not one of a step-wise sequence. The researcher became so totally enveloped in the data that the various activities involved intertwined. Thus, during the process, the researcher linked pieces of data into conceptual ideas yielding a greater understanding of the phenomenon of the interactions and relationships between the provider and patient.

Qualitative research uses the credibility in reference to validity or the truth of the findings. Credibility was obtained through confirmation of the data analysis by a second reviewer experienced in qualitative research. The second reviewer was provided the audio recordings, transcriptions including field notes and demographic data, as well as the researcher's analysis of the data, for the purpose of noting agreement or disagreement with the identified themes and theme clusters. The researcher and second reviewer discussed areas in which they concurred and areas in which they did not concur in the analysis. Data were continuously re-analyzed until consensus between the researcher and second reviewer was reached. Transferability and dependability in qualitative research is comparable to reliability in quantitative research. Transferability and depenability are obtained through comprehensive descriptions of the data. Confirmability pertains to the data being reflective of the reality of the subjects and conditions of the study rather than the reality of the reseracher. Confirmability was obtained by the reseracher restating what she heard or observed and participants acknowledging or correcting the accuracy of the interpretation.

Assumptions

1) Individuals would interact in the same manner regardless of the presence of the researcher.

2) The data being supplied by participants is truthful.

Ethical Considerations

This research study involved the participation of both providers and patients as collaborators. As such, participants were informed that the study was to look at the interactions and relationships of alternative health care providers and their patients. All participants were given an information sheet explaining that the study involved audio-recording and observing the session between the provider and the patient, audio-recording interviews with each provider, and audio-recording interviews with each patient. Participants were provided information regarding the background of the researcher, the home phone number, and the name and number of the researcher's committee chairperson. Participants were encouraged to ask any questions or express any concerns they had regarding their participation in the study. Confidentiality was provided to each participant. Informed consent was obtained from every participant whether provider or patient (see Appendix C). Informed consent forms were sealed in separate envelopes, labeled with a numeric code, and then placed in a locked file cabinet in the home of the researcher. Audio-recordings were transcribed by the researcher so that any names revealed in the recordings were known only to the researcher. Audio tapes were also sealed in envelopes,

labeled with numeric code, and then locked in the file cabinet.

A proposal for this research study was submitted to the Institutional Review Board of the Uniformed Services University of the Health Sciences. Approval for the research was granted prior to the data collection phase.

CHAPTER FIVE

FINDINGS

Introduction

In this study, the sample and the setting were as much a part of the findings as were the data obtained from interviews and observations. Thus, a description of the sample and the environment will be presented in this discussion of the findings so their relationship to the themes are easily discernable. A description of a typical treatment session with each provider is also presented in order to provide a full picture of the context of interactions.

Description of the Sample

As previously mentioned, the three alternative providers were all females ranging in age from 39 to 46 years and consisted of a doctor of chiropractic, a doctor of acupuncture/Traditional Chinese medicine, and a practitioner of healing touch. Years of practice were 11, 14, and 5, respectively. Two of the providers were Caucasian and one was of Chinese ethnicity. Each are licensed practitioners in the Washington D.C. area. The healing touch practitioner is also a registered nurse and psychotherapist who utilizes aromatherapy and hypnosis in her practice as well. The chiropractor also uses massage, herbs, and vitamins as adjunct treatments. The doctor of acupuncture/Traditional Chinese medicine incorporates the use of herbs and massage in her practice as well. Two of the providers reported

having attended courses specifically aimed at enhancing patient communication skills. (Table 1).

The patient sample consisted of all Caucasian females ranging in age from 24 to 63 years, with a mean age of 48 years. Three of the patients were divorced, one was single --never married, and eight were married. Three of the patients had young children at home, one patient had teenage children, five patients had adult children living outside of the home, and two patients did not have any children. All of the patients had continued their education beyond high school with five having obtained bachelors degrees and one patient having completed a Masters degree. The length of time seeing their alternative provider ranged from 1 month to 11 years, with a mean of 9 months. One patient sees her provider only once every two to three weeks, but initially had visits every week. The rest of the patients are seen at least weekly for treatment. Complaints or reasons for initially seeing their alternative provider were:

- whiplash
- neck pain
- back pain
- migraine headaches
- grief, health maintainence
- chronic respiratory illnesses
- chronic sinusitis
- gastro-esophogeal reflux
- weight control
- poor wound healing as a result of abdominoplasty
- muscle weakness secondary to mononucleosis

Additional health problems reported by patients included: asthma, allergies, attention-deficit-disorder, scoliosis, overweight, depression, status-post breast cancer, post-polio syndrome, diabetes mellitus type II, fatigue, foot pain, and premenstrual syndrome. Seven of these patients

Table 1
PROVIDER PROFILES

Provider:	Acupuncture/ Chinese Med.	Chiropractor	Healing Touch
Age:	39	46	46
Gender:	F	F	F
Race/ Ethnicity:	Chinese	Caucasian	Caucasian
Years of Practice:	14	11	5
Education/ Training:	Shanghai University of Traditional Chinese Medicine	Logan College of Chiropractic	Colorado Center for Healing Touch, George Mason University, Catholic University
Course in pt commun-ication:	no	yes	yes
Other therapies used:	herbs massage	herbs vitamins	hypnosis, aroma-therapy, psycho-therapy
License/ Certifi-cation:	Lic. in Acupuncture/ Chinese Medicine	Lic. in Chiro-practic	Lic. RN, psycho-therapy, Cert. in Healing Touch

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License/ Certifi-cation:	Lic. in Acupuncture/ Chinese Medicine	Lic. in Chiro-practic	Lic. RN, psycho-therapy, Cert. in Healing Touch

also see a conventional or western health care provider on a routine basis, one patient sees a conventional provider annually for physical exams, and four patients reported that they currently do not see a conventional provider and would do so only as needed for episodic treatment for injuries or illnesses such as a bone fracture or an infection. Nine of the twelve patients were employed outside of the home, one patient reported working from the home, one patient was a wife/mother, and one patient was retired. (Table 2).

Description of Environment

The practitioner of healing touch had an office located on the first floor of a large office complex nestled in a wooded area. A wicker seatee and chair with pastel covered cushions centered the waiting room. A magazine rack containing periodicals on holistic health and alternative treatments, a TV/VCR, a copy machine, and a bookcase of binders containing additional brochures, newletters, and articles lined the pale pink walls. Heavy oak doors led into the two large private offices/treatment rooms. The roomy provider's office was furnished with two seatees covered in pastel print, a coffee table, desk and chair, a bookcase, and a massage table covered with a pale pink fitted sheet. A large French door provided a view of the woods from the provider's office. A faint fragrance was barely detectable in the air. To avoid telephone interruptions during treatment sessions, the provider had an answering service. During treatment sessions, mood music

Table 2
Patient Profiles

Age	24	27	43	61	63	42	49	48	54	48	26	36
Gender	F	F	F	F	F	F	F	F	F	F	F	F
Race	C	C	C	C	C	C	C	C	C	C	C	C
Children	N	N	sa	a	a	sa	a	a	a	a	sa	sa
Employment	e	e	e	e	e	e	e	se	r	e	e	w/m
Education	3yC	1yC	6yC	2yC	4yC	4yC	4yC	ts	6yC	4yC	3yC	4yC
Alt. HC	ch	ch	ch	ch	ac	ac	ac	ac	ht	ht	ht	ht
Length Seeing Alt. Provider	2y	6m	5y	11y	4m	1y	5m	4m	1m	8m	1y	9m
Conventional HC	nc	nc	nc	rt	rt	an	rt	nc	rt	rt	rt	rt
Initial C/O	ms pain	ms pain	ms pain	ms pain	wt cont	mig HA	chr sinus	gerd	wd heal	ms weak	chr URIs	grief, H.M.
other Health Problems	ast, all	N	all, ADD, scoli	wt	dep	N	brst CA	PPS	wt, DM	N	CFS ms pain	PMS

Legend:
F-female
r-retired
w/m-wife/mother
wt-weight
wd-wound
weak-weakness
brst-breast
HC-health care
rt-routinely
C-Caucasian
yC-years of college
ch-chiropractic
mig-migraine
heal-healing
all-allergies
CA-cancer
nc-not currently
N-none
y-year/s
nc-not
ac-acupuncture
sinus-sinusitis
gerd-gastroesophogeal reflux
H.M.-health maintenance
PPS-post-polio syndrome
C/O-complaint
CFS-chronic fatigue syndrome
a-adult
ts-tech
an-annually
ht-healing touch
URI-upper
ast-asthma
DM-diabetes
Alt-alternative
e-employed
m-month/s
chr-chronic
ms-musculo-skeletal
dep-depression
scoli-scoliosis

such as ocean waves, rain, or slow methodical chanting emitted from an audio cassette player. Though the provider shares the office with other providers, no other personnel were present during the researcher's time in the office.

The office of the chiropractor was located in a metropolitan shopping complex. A long reception counter was located near the entrance and led the way to a large waiting area furnished with seven office-style chairs, a children's table and chairs, a TV/VCR, a toy box, a model human skeleton, and a magazine rack with brochures on health and chiropractic. The interior walls were painted in a pale beige and were trimmed in oak. A long hallway wrapped around the reception counter and led to multiple treatment rooms and a private office. Three treatment rooms contained only a chiropractic bench and anatomical charts of the human musculoskeletal system hung on each wall along with an x-ray viewer. A fourth large treatment room contained four electronic "physical therapy beds" and numerous chairs for the purpose of group instruction or classes. Another two treatment rooms contained only a massage table in each. A large room at the end of the hall served as the provider's private office. The treatment rooms were quiet. Additional office personnel consisted of a receptionist and a bookkeeper; the massage therapist was not in during the researcher's time in the office.

The office of the doctor of acupuncture/ Traditional Chinese medicine was located in the basement of her average middle class home set in a quiet residential

neighborhood. A cemented walkway led from the street, down to an outside entrance into the office. A small waiting area paneled in warm oak contained three office-style chairs, a coat rack, and a reception desk. Two small treatment rooms located off the waiting area were furnished with only an uncovered (no cloth or paper) massage table and chair in each. A larger room served as both a treatment room and private office. This room contained a large desk and chair, a bookcase holding numerous texts on Chinese medicine, herbs, and acupuncture, an uncovered massage table, a heat lamp. Another bookcase served as a supply cabinet containing alcohol, cotton balls, sealed packages of needles, and an assortment of herbs labeled in Chinese. Treatment rooms were quiet. Additional office personnel consisted of one assistant/receptionist and one student of acupuncture.

Description of Treatment Sessions

The following are descriptions of typical treatment sessions with each provider which should furnish an illustration of non-verbal activities involved in each treatment. These are representative of the sessions observed with each provider, though slight variations did occur from patient to patient.

The healing touch session begins with the patient lying on the massage table with shoes removed and mood music playing. Standing at the left side of the patient, the provider assesses the patient's energy centers (shockers),

by dangling a pendent or tea bag approximately four inches above the patient and moving slowly from the head, to the chest, to the abdomen, to the pelvis, and then to four inches out from the sole of each foot. (A circular motion of the pendent or tea bag indicates that the energy centers are open; a pendular movement or no movement indicates that the patient's energy centers are closed). After setting the pendent or tea bag down, the provider raises her arms approximately three feet above the patient and pats the air around the patient slowly moving down the patient's body from head to toe and then moves to the right side of the patient repeating the motion. After moving back to the left side of the patient, the provider begins a smoothing motion (like petting an animal with one hand, then the other) with the hands held approximately four inches above the patient's body. This motion is repeated numerous times over each area of the body slowly moving from head to toe. Upon reaching the foot of the patient, the provider shakes her hands out, then returns to the head and continues to repeat this action approximately thirty times. The provider then moves to the right side of the patient and repeats the smoothing motion down that side of the body, again, approximately thirty times. In some sessions, the provider rechecked the energy centers using the pendent or tea bag at the end of the treatment. With healing touch, the treatment is considered to open and smooth out energy centers of the body in order to allow the free flow of energy with the environment, thereby, promoting healing, and restoring balance in the

individual. Each treatment session ranged from 40 to 60 minutes in length.

With the chiropractic treatment session, the patient lies on his/her back on the chiropractic bench which is approximately one and a half foot high with a head rest much like a dentist chair. Hinges are located at the back and hip sections of the bench. The chiropractor begins by squatting down behind the patient's head, placing a hand on either side of the neck with the forefingers along the jawline and the thumbs touching behind the patient's neck. The provider turns the patient's head just slightly to one side, waits a couple of moments, then gives a quick snap (quickly turning the head more, then returning it to the mid-position). The manuever is repeated to the other side. Then standing beside the patient at the level of the waist, the provider lifts one of the patient's arms by grabbing the thumb and then quickly jerks downward. This action is repeated with each finger and then again with the opposite arm/fingers. The patient then turns onto the side with the top leg bent while the provider places one hand on the patient's top shoulder and one knee on the patient's hip and then quickly pushes downward on the top shoulder. This maneuver is also repeated on the opposite side. With the patient again lying supine, the provider places her fist underneath the patient's spine and then quickly pulls up on her fist. This action is repeated four times down the length of the spine. The patient then turns onto his/her stomach, the provider places both hands over the lower back

and pushes downward while pressing a foot pedal connected to the bench; the back hinge of the bench pops with a loud clunk. Each of the patients observed, required very little instruction regarding turning, holding out arm, etc. In other words, the patients anticipated the next maneuver as the routine was obviously well known. These were the basic maneuvers observed with each patient. Some patients received additional maneuvers involving the hips, legs, or face, depending upon their specific complaints. Regardless of the number of maneuvers applied, a great deal of close physical contact occurs and the provider is obviously putting out physical effort with each maneuver. The treatment is considered to be aligning or adjusting the structure or frame of the person. The length of the treatment sessions ranged from 3 to 20 minutes.

An acupuncture treatment session begins with the patient lying supine on the treatment table with shoes, socks, and top removed (bra still on). The provider assesses the pulses for several minutes, first on one side, and then on the other--never reaching across the patient. According to Chinese medicine, three pulses are palpable in each wrist. The patient is asked to stick out his/her tongue for evaluation. In Chinese medicine, the overall health of an individual is believed to be reflected in the tongue. Each area for needle insertion is first wiped with an alcohol-soaked cotton ball using forceps and beginning with one ankle, moving up to the hand, forearm, upperarm, abdomen, chest, forehead, and then down the other side of

the body. Needles are then inserted just beneath the skin by using a metal cylinder as an applicator and tapping on the end while the needle is inserted. Needle placement always begins with one ankle, then the provider moves to the other side of the patient and places the needle in the opposite ankle. This process of needle insertion on one side then the other procedes up to the hand and arm, to the abdomen, the chest, and then the last needle placement is in the forehead between the eyes. The process of needle insertion takes approximately 15 to 20 minutes and after completed, the lights are dimmed and the patient is left alone for an average of 45 minutes. An assistant then removes the needles. No differences in needle placements were noted from one patient to the next. The treatment is considered to strengthen the body through stimulating meridians (channels) of energy which connect various areas of the person. The average length of time for a treatment session is 60 to 90 minutes.

Theme Categories and Clusters

Five theme categories with related theme clusters resulted from the analysis of the data. Each category and cluster is described, followed by the significant statements and/or conditions which best exemplify the meaning behind the theme.

Table 3
Theme Categories and Clusters

Theme Category 1:	Health Promotion/Illness Prevention	
Theme Category 2:	Relaxation/Combating Stress	
Theme Category 3:	Provider as Mechanism of Treatment	
Theme Category 4:	Friendship	
	Theme Cluster 4A:	Listening
	Theme Cluster 4B:	Small Talk
	Theme Cluster 4C:	Openness/Trusting/ Caring
Theme Category 5:	Holism	

Theme Category 1: Health Promotion/ Illness Prevention

The purpose or outcome of the treatment is perceived by both providers and patients to promote health and prevent illness.

Significant Statements by Providers

Its wellness oriented. My approach is working ...to restore harmony and balance in a human being and to facilitate healing within that person...

Well, it is presumed by most people in this country that if you don't have symptoms, then your not sick; when its actually 100%, health in every aspect of your life. And we are sort of taught by the media and whatever, that we are suppose to have certain aches and pains and that's not true. Health is 100% all functioning, all of the time.

I help them to strengthen the body so it can heal and be healthy.

Chinese medicine can help in strengthening the body.

I provide an adjunct service--a complementary therapy which can accelerate wound healing, reduce anxiety, and reduce pain. It very much provides a reduction in pain and anxiety without using extra medication.

Unfortunately, I see mostly sick people because that is the philosophy of most people. We try to convert them into maintenance health, because in any condition we can see objectively, conditions happening before the subject of symptoms appear ...When people come in for maintenance care, I can see misalignments in their bodies, muscle imbalances that are there but are not causing symptoms.

Significant Statements by Patients

Also, I feel this is about my being healthier, and with [conventional provider], I feel like its about being ill and that I'm not being made stronger like I feel here.

So, I would come here to get treatment so my system would be in better shape. I also get winter depression really bad, but since I've been coming here, I am able to keep it under control.

I now feel much stronger in that my body can fight off illness.

I feel much better, much healthier, much stronger.

...when I leave here I feel that I am better, whether I still feel pain or what; I feel that something has happened--that I'm already on my way to getting better and I don't feel that when I go to another practitioner.

I just know that if I don't come in one week, I'll really feel it the next week.

Rarely sick, but I come now to feel better and prevent problems from occurring. If I didn't come here regularly, I'd have pain and sinus infections all the time.

I can tell that what she does really helps and without treatments, I would be a mess.

So, I really came here to get and stay healthy.

I like the treatment because it helps make my body stronger and able to fight off illness.

I just know that if I didn't come here, I would be in pain--my back, my neck would hurt and my allergies would flare up. Its like my medical provider cures me when I am sick and [alternative provider] helps to keep me from getting sick and prevents me from having to go to my medical provider.

Theme Category 2: Relaxation/Combating Stress

Patients related the occurrence of stress in their lives, it's impact on their health, and their feelings of relaxation obtained from the treatment process. While the providers did not make direct comments regarding stress or the need to provide relaxation, the therapy administered and/or the environment/atmosphere observably promoted relaxation.

Significant Statements by Patients

Well, I get really stressed when I see my conventional providers. I see my OB/Gyn to get mammograms and to get endometrial biopsies because I take Tamoxifen which can cause uterine cancer. Excuse me for digressing a minute here, but this is what bothers me--its like, we have this medicine to treat your breast cancer and oh, by the way, it can also cause uterine cancer, but that's ok, we can take

care of that, we can remove your uterus, so go ahead and take it. You know, its just absurd. So, I see several different providers in a matter of a few months and I just get so stressed out by worrying about the medication, worrying about the breast cancer, worrying about the endometrial biopsies, not to mention that I do have other stresses in my life as well, so by the time its all over, I feel I need a vacation. So, I really don't want to deal with all that anymore.

The times that I have had problems with my health--I think it was more from stress... The kind of things I get, well, I've had ulcers in the past--are stress related.

...I think a lot of my illnesses seem, well, I seem to get sick at real convenient times. I don't mean to get sick but I do...[alternative provider] works on me and it all comes out. I feel better.

I always feel good when I come. I definitely get de-stressed.

I guess the main reason I get healing touch is for health maintenance, coping with stress. I've had a lot of stress in my life. I had lost my parents and my sister to suicide.

I had a lot of stress in my life and stress does horrible things to our bodies--our immune systems and such, and in my case, causes physical symptoms.

I later realized that during all this time, I was having a very stressful time with a business partner--during all this reflux.

I have a lot of stress at work and my muscles get tight by the end of a weekend--because of work, then, I hurt a lot. But I come here on Mondays, then I'm ok.

When I come here, I feel relaxed, so my body can heal. Relaxation is very important.

If I get sick, I go to the doctor, but this is for a different thing--the therapy and stress and relaxation.

Sometimes I don't take enough time to do the meditation and the relaxation that I should do. But I know that when I come here, a least for the time that I'm here, I do that. It helps the healing process--I feel.

The first time she did healing touch on me, she told me my energy centers were closed because I wasn't relaxing enough. And then, before it was over, I started to relax more and then it became very easy for me, which I didn't

think it would. I even took her class on learning how to do healing touch. Its something that is real relaxing to me.

Like with...I can just step into her office and lie on the table and feel relaxed.

Significant Conditions

The environment of each of the offices was conducive to relaxation--some more than others, but either the quiet rooms of the acupuncture or chiropractic sessions or the mood music during the healing touch sessions contributed to a relaxing environment. The lack of numerous office personnel and a number of patients in the waiting area also lent to an environment conducive to relaxation. (However, as previously mentioned, the researcher was present only on days when the patient scheduling was relatively light.)

Two different patients seeing two different providers responded with a lengthy verbal account of their days events which caused them to feel "stressed" when asked how they were feeling.

Theme Category 3: Provider as Mechanism of Treatment

Due to the type of providers involved in this study, each served as the means of therapy or treatment. The situation was such that the provider physically acted on the patients' bodies in attempt to improve their health.

Significant Statements by Providers

...so I am a facilitator in healing.

I help them heal themselves.

Significant Statements by Patients

But the last time I was here I was having trouble breathing--asthmatic bronchitis and half way through the treatment I was much better--my breathing was easier; back to normal, no wheezing. And today my foot was hurting; but you know, its not hurting now. Yes, I would say that it's primarily the treatment--I feel better after coming here. I really feel it helps me.

...but I really think what she does helps me--helps the incision heal--helps repair the damaged cells.

They [conventional providers] do other things like surgery, or medication which may help, but what she does helps me feel better right now.

Primarily the treatment itself. I like hands on--its far superior. I think medical professionals are afraid to touch you--they may touch you with their stethoscope or whatever, but they don't really touch you.

The hands on treatment. I go home and I know I may be a little sore that afternoon, but the rest of the week, I'll feel great.

During a chiropractic session, the patient states, "Yes, that's it right there. Could you do that one again. That feels much better."

During another chiropractic session, the patient states, "You do such a good job with me...oh you did a good job on my hands."

Significant Conditions

In each of the treatment sessions (however short or however lengthy), the greatest amount of time is focused on the physical treatment of the patient. The actions of the provider directly alter or touch the patient physically and the time is devoted to that action.

During an acupuncture session, the patient states, "Its a very strange feeling as a patient to feel a jolt as the needle goes in--it doesn't hurt, but its a definite physical feeling--like something is happening.

Theme Category 4: Friendship

The interactions and relationships between the providers and their patients contain qualities similar to those found in friendship-type relationships. There is a social aspect to the interactions and relationships as well as the professional aspect.

Theme Cluster 4A: Listening

The significance of listening to a patient's concerns and feelings emerged from the data.

Significant Statements by Patients

Here, I feel I am listened to; if I say something hurts or I am experiencing something, its paid attention to and something is done about it. With western medicine, I am just handed a prescription and they think its just some female complaint or something--its just kinda blown off.

She listens. If, like, I come in feeling really bad, she will listen and take time to listen, so by the time I leave, not only do I feel better physically, but I feel better mentally too.

She listens to what I have to say, listens to my concerns.

She listens, really listens, and I can tell her anything.

Significant Conditions

During both a healing touch session and a chiropractic session when the patients elaborated on their days events and the stress they were experiencing, the providers listened without interruption and maintained eye contact. Though a situation of intent listening during any of the acupuncture sessions was not observed by the researcher, the patients contributed to the above or similar comments expressing feelings that the provider listens.

Theme Cluster 4B: Small Talk

The data revealed an element of casual exchanges, "small talk", about occurrences in patients' lives other than their physical condition.

Significant Statements by Providers

There is the point of the provider-patient relationship but there is also the point of you know--how's your dog, how's your rose garden, etc. Its more than just how's your neck, how's your back.

Significant Statements by Patients

(In reference to conventional provider) You know, he doesn't do any small talk--what's going on in my life and such.

While she does her stuff, we talk about anything and everything.

Significant Conditions

Prior to a healing touch session, the patient and provider talk about the past weekend and the nice weather. At the end of the session there is a discussion about a comment an acquaintance made to the patient the day before.

Theme Cluster 4C: Openness/Trusting/Caring

Patients conveyed feelings of being cared for, feelings of trust in their provider, and feeling free to talk about anything that was bothering them. The environment also lent to a casual, open forum.

Significant Statements by Providers

I don't know if this was intended or not, but its kinda like old home week around here. I've been in practice for 11 years and a lot of my patients have been coming for 11 years...Its very informal--family like.

I try to get to know them so they will be at ease, comfortable to talk--tell me what's going on with them; but you can't push--has to come on its own. Yes, naturally. People will tell you what they want.

Significant Statements by Patients

Here, I feel more equal--we are on the same level and I can ask her anything or tell her anything.

I knew the first time I was here and looked into her face, I could trust her. She had a very open--she just seemed to be a very nice, caring person--very nurturing. When she does the healing touch, she just seems very loving. And if there's something wrong, that she is very interested in me. So to me, that's very important and the fact that I can trust her.

I trust her totally. I know she isn't going to do anything without asking and explaining it first.

I feel like she really cares about me and what's going on...

Well, its nice--kinda maternal, kinda not maternal, kinda best friend like, kinda not best friend like...Its just very comfortable.

She gives great hugs. You know, you were there so we were distracted, but usually at the end of a session, we kinda look at each other and we know that the session has come to an end; you know, it doesn't always happen, but we kinda give a spontaneous hug and that's very nice, very therapeutic.

I trust her. I feel safe with her.

I feel very comfortable in that if there is anything I didn't like or if something hurt, I could tell her without hesitation.

I feel I can tell her anything. I'm not afraid to tel her what hurts like I would be with someone else.

Great, she's wonderful and really cares, listens, and does something to make me feel better.

I feel very comfortable with her; I can ask any question and its answered.

Relaxed. I feel at ease with her. I don't feel that way at all with medical doctors. She knows me so well.

Significant Conditions

At the end of one of the healing touch sessions, the patient and provider hugged.

The casual environment of each of the offices contributed to an "at home" atmosphere--a less stark, antiseptic professional environment.

Theme Category 5: Holism

Through the comments made by providers and patients during the interviews, the concept of holism emerged.

Significant Statements by Providers

So my philosophy is that it all works together--cause you can't really separate mind, body, spirit, ah, lifestyle, activities, and it all comes together to make a healthy person. If any piece drops out then you've got an unhealthy person whose more susceptible and is going to get symptoms.

Also, we see the body as an organ itself, as well as being made up of various organs. Everything is connected and effects other parts...Oh yes, the mind and body are very much the same. The mind can control the body to a certain extent. And the mind effects the body because they are seen

as one complete organ. Things cannot be separated, independent of one another. We are one organ, one being; not just separate systems.

My approach in working with healing touch or in anything I may use, whether its flower essences or aromatherapy is to restore harmony and balance in the human being and to facilitate healing within that person...

Significant Statements by Patients

But the real reason I started coming here was that...treats the whole person, not just symptoms and I was very stressed and needed all of me treated not just a certain part of me. With Chinese medicine, if something is out of whack, it treats to restore the balance in the organism and in doing so, the symptoms go away.

...views me as a total organism, a total person, a total living machine--however you want to put it--one whole, one thing.

Other providers--to my OB/Gyn, I am a uterus and two breasts and that's what he focuses on--its not that he doesn't care, but he just doesn't seem as interested in the rest of me...And its the same with my surgeon--if you can't cut it, he's not interested. You know, most of the other providers I know will tell you, if they wanted to be a psychiatrist, they would have gone into that specialty and they really have a hard time being able to do the whole thing.

She sees the mind and body as one--you can't treat one without treating the other.

(In reference to conventional provider) But I always felt, and still do, that he deals with only one part of me at a time and may be in that way misses something--doesn't see everything.

Additional Findings

Some additional findings were revealed by the data, but did not emerge as themes of the interactions or relationships between alternative providers and their patients. These findings included patients' views on medications, patients' lack of concern about the cost of treatments, and patients' expectations of the treatments.

Ten of the twelve patients made specific comments regarding conventional providers' use of medication in treating illness. Remarks by patients reflected their experiences of unsuccessful treatment with medication or their own preference to be treated without the use of medication. Such statements included:

> ...they [conventional providers] said there was nothing wrong except they did say I had a lot of allergies and gave me a bunch of medication which I didn't think helped.

> ...but I really didn't want to go the route of medications.

> With western medicine, I am just handed a prescription and that's it.

These statements suggest that for these patients, conventional medicine offered little other than medication to treat or prevent illnesses.

During this study, patients were asked about any concerns they had regarding the cost of alternative treatments. All but one patient reported that cost was of no concern stating:

> ...when its your health, cost is not a concern.

> I had been spending more on medication that wasn't helping, so I wasn't losing anything by spending money to come here.

The patient who was initially concerned about the cost of alternative treatment, had been continuing weekly treatments for 4 months and stated, "It is worth it".

Patients were also asked about any expectations they had of the alternative provider and therapy before they had begun receiving treatments. Ten of the twelve patients reported having no expectations stating:

"I really didn't know what to expect."

"I didn't know if it would work or not."

Coulehant & Block (1985) suggested that the expectation may come with the manipulation of the body or physical nature of the treatment in that, the patient feels something occurring, attributes it to the healing process, and hence, expects the desired outcome. Even though, in this study patients were questioned as to their expectations, the data cannot support or dismiss the "expected versus hoped for" component of the therapeutic process.

These additional findings relate some of the patients' thoughts regarding alternative and conventional health care. These factors could possibly have an indirect influence on the interactions and relationships between alternative providers and their patients.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

Discussion

The purpose of this study was to examine the nature of the interactions and relationships between alternative health care providers and their patients, and in so doing, enhance the understanding of patients' needs and desires. The themes and theme clusters identified in the data demonstrate the key characteristics of the interactions and relationships: 1) health promotion/illness prevention, 2) relaxation/combating stress, 3) provider as the mechanism of treatment, 4) friendship, 4A) listening, 4B) small talk, 4C) openness/trusting/caring, and 5) holism. Each of these characteristics will be discussed separately in order to provide greater understanding and clarity.

From this study, the actions of health promotion/illness prevention, though performed by the providers, were viewed by the patients as "doing something for themselves". In this respect, the action or characteristic may be correlated with the health activities employed by some individuals who utilize the services of a fitness trainer. The activity is done on a routine basis for the purpose of strengthening the body in order to improve health status and fend off illness. Eisenberg et al. (1993), implied that a "substantial amount of unconventional therapy is used for non-serious medical conditions, health promotion, or disease prevention" (p

251). Eisenberg's implication is supported by the theme of health promotion/illness prevention derived from the data in this study. Kleinman, Eisenberg, & Good (1978) explained that illnesses are changes in states of being experienced by patients. Differing from disease, illnesses are the experiences of the patient, where as disease is an identifiable abnormality in structure or function. Stoeckle, Zola, & Davidson (1964) found that 50% of health care visits are complaints having no discernable biologic abnormality. Thus, a substantial impact can be made by addressing and preventing illnesses--the experiences of patients. The actions of alternative providers in this study are perceived by the patients as "doing something" to prevent illness and promote health.

The second theme emerging from the data was that of relaxation/combating stress. An association between stress and the occurrence of illness has been demonstrated in a number of studies (Parkerson, Broadhead, Tse, 1995; Kasl, 1984). The connection between illness and stress is not to imply that the illness is solely psychological or emotional. The body's physical response to stress has been described by researchers through the years since its identification by Hans Seyle (1950). Stress takes its toll on the body. Links between the stress response and illnesses such as the common cold, chronic pain, cancer, hypertension, infertility, and diabetes have been found (Benson & Stuart, 1993; Cohen, Tyrrel, & Smith, 1991; Hillhouse & Adler,

1991). Engel (1962) formulated a working definition of stress as all processes, internal or external, which impose a demand on the person. Undoubtedly, today's society--the ways in which we live our lives, subsequently produces a great amount of stress for a great number of people. Thus, it is likely that the occurrence of illnesses will continue to increase. Alternative health care may better address these illnesses than conventional health care. Wells-Federman, Stuart, Deckro, Mandle, Baim, & Medick (1995) describe the relaxation response as the antithesis of the stress response and further explain that promoting relaxation interrupts the stress-symptom cycle. These researchers espouse that activities inducing relaxation may decrease the patient's "cognitive appraisal of threat or stress" (p 61). Therefore, it can be implied that routinely inducing relaxation assists in illness prevention and symptom reduction. Considering the reports of the benefits of relaxation, it would be of interest to evaluate how often such techniques are used or suggested to patients in conventional health care settings. Wells-Federman et al. (1995) suggest that nurses are in a unique position to provide this therapy to patients in both an inpatient and outpatient setting.

Another integral characteristic of the interactions and relationships between alternative providers and their patients demonstrated in this study is that of the provider as the mechanism of treatment. Rather than prescribing a treatment such as medication, diet, or exercise, the

physical actions of the alternative providers in this study are the treatment. In this respect, the provider is "doing something" to improve the patient's health. The physical nature of the treatment may well contribute to the close relationship that develops as well as to the therapeutic process. Much research has been conducted in regard to therapeutic/healing touch which promotes the assertion that altering energy fields within the body facilitates healing and health (Quinn, 1984; Meehan, 1993). Additional studies in therapeutic touch have shown that the induction of relaxation by this therapy reduces levels of stress and anxiety (Heidt, 1981). Conclusions from these studies cannot delineate whether it is the altering of energy fields or the reduction of stress that aides the healing process. Whichever of these two means is involved may be the same means by which other "physical" therapies (such as acupuncture and chiropractics) produce their affect. A great deal of further research in this area is needed before specific conclusions can be drawn.

Characteristics of the interactions and relationships of alternative providers and their patients identified in this study included listening, small talk, openness, trusting, and caring. These qualities have been deemed essential to a successful, therapeutic relationship between conventional providers and their patients (DiMatteo, 1994). These qualities when clustered together can be viewed as elements of friendship. Yet, the literature does not describe these qualities under the term friendship, but

instead refers to them as qualities of the professional relationship (Jenkins, Mallett, O'Neill, McFaddin, & Baird, 1994; Korsch, Gozzi, & Francis, 1968). Friendship, a close human connection, or a source of support has been shown to hasten the healing process as well as prevent illness (Broadhead, Kaplan, & James, 1983). The weekly interaction between the alternative providers and their patients in this study may well fulfill a psychosocial need on the part of the patient. During the course of this study, the researcher did note what seemed to be a social component to the patients' visits to their alternative provider. An analogy could be made to some persons who work out at a gym where they are engaged socially as well as physically. Thus, the social aspect of a friendship-type relationship between the provider and patient may augment the therapeutic relationship.

Holism was also identified as a characteristic of the interactions and relationships. The concept of holism illustrates the mind-body-spirit connection within a human being. Holism is cultivated through each of the preceding themes. When a patient is viewed holistically--being a composite of the mind, body, and spirit, then the treatment of a patient must include each of these aspects.

In summary, the five themes identified in this study reflect the nature of the interactions and relationships between alternative providers and their patients. These themes represent elements that may be involved in the therapeutic process. This is not to imply that the

therapeutic process could only be attributable to these elements, but in this study, the data revealed health promotion/illness prevention, relaxation/combating stress, the provider as the mechanism of treatment, friendship qualities, and holism as being characteristics of the therapeutic process and relationship.

Significance

The significance of this study is that the characteristics identified by the themes of the interactions and relationships provide insight into patients' needs and desires. Value of this study is gained when one considers that patients' may not always be able to verbalize what it is they need or desire from their health care. Yet, by evaluating the interactions and relationships in a qualitative method, the needs and desires of patients' can be more fully understood. A greater knowledge of patients' needs and desires can help to stimulate all health care professionals to interact and form relationships with patients that better meet those needs. By improving the means to meeting the needs and desires of patients, the therapeutic process can be more clearly defined and enhanced.

Limitations

As a result of the participant population used in this study, several limitations are inherent. Due to the small number of provider and patient participants, this study can serve only as a preliminary one. Further studies will be

needed to substantiate the findings. Participants of this study were all female. With both the patients and the providers being all of the same gender, the question of "female bonding" as a possible factor of the close relationships and interactions arises. It could be surmised that the female providers could easily relate to the lives of female patients and hence form closer relationships.

The nature of the therapies employed by the providers in this study must also be considered. The three provider participants in this study, each used therapies that involved physically doing something to the patient. This "physical" nature of the therapies may produce interactions and relationships between providers and patients which differ from those of other "non-physical" alternative providers such as homeopaths.

Suggested Further Research

The previous discussion and the limitations of this study provide suggestions for areas of further inquiry. The influence of like gender versus different gender on the interactions and relationships between providers and patients could prove to be beneficial to better understanding the therapeutic process. A comparison of the interactions and relationships of alternative providers practicing "physical" therapies with those who practice "non-physical" therapies may also provide a greater knowledge of the therapeutic process.

Additional studies evaluating the benefit of the provider-patient relationship and time spent developing the relationship are desperately needed in this era of managed care. The production line mentality that stems from the managed care viewpoint risks the quality of the relationships between health care professionals and their patients (Emanuel & Dubler, 1995).

As previously mentioned, the cost effectiveness of incorporating relaxation therapies/techniques in the treatment and prevention of illness are needed. Studies should also focus on the discovery of why such therapies are not more frequently employed, especially in the comprehensive treatment of patients with chronic illnesses. A comparison of group-type relaxation sessions versus teaching patients techniques to use at home may assist in identifying the most effective means of illness prevention/health promotion.

The additional finding in this study regarding patients' views on medications may indicate a shift in patients' beliefs and what they feel are valuable means of treatments. Further inquiry in this area may contribute to more successful treatment plans for patients experiencing illness if other options are available.

Conclusions

This study provides a preliminary look into the interactions and relationships between alternative providers and their patients. The findings of this study revealed

five themes that are characteristic of these interactions and relationships. These characteristics provide insight into the needs and desires of these patients who are seeing alternative providers. By better meeting the patients' needs and desires, the therapeutic process is improved. In better understanding the processes and nature of alternative health care, deficiencies in the care of patients by conventional health care professionals can be seen from the patients' perspective and thus, additional methods of improving the quality of care can be implemented.

APPENDIX A

Provider Interview Guidelines

1. Describe your philosophy of health, illness, and your approach to patient care.

2. Describe your initial session with a patient. What information do you ask of them and what information do you provide them?

3. What is the average length of time for an initial session? What is the average length of time for follow-up sessions?

4. While each relationship with a patient may differ; in general terms, how would you describe your relationships with yout patients?

5. What role do you see alternative health care playing in this country?

APPENDIX B

Patient Interview Guidelines

1. What was your initial complaint or reason for seeing this provider? How long had this problem been going on prior to seeing this provider? Had you seen a conventional provider for this problem?

2. How did you select this alternative provider?

3. What were your expectations of this provider or therapy prior to your first session? Did you have any prior knowledge or experience with alternative health care?

4. Describe your initial session with this provider. What was the focus of the discussion?

5. What do you like most about your encounters with this provider?

6. How would you compare these encounters with those you have had with conventional providers?

7. How would you describe your relationship with this provider? How would you describe your relationships with conventional providers?

8. Are you currently seeing a conventional provider? Have you informed him/her that you are also receiving alternative therapy?

9. Do you make any distinctions between what you see your alternative provider for and what you see your conventional provider for?

10. Did you have any concerns about the cost of seeing this alternative provider?

11. How long and how frequently have you been seeing this provider?

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Informed Consent for Participation in Research Study

Title of research study: Interactions and Inherent Relationships Between Alternative Health Care Providers and Their Patients.

Researcher: Capt Patricia A. Smith, USAF, NC
Graduate School of Nursing
Uniformed Services University of the Health Sciences

Purpose of study: The aim of this research study is to identify common characteristics and prominent features of the interactions and relationships between alternative health care providers and their patients. The results of this study will hopefully provide better insight into the needs of patients and improved methods of interacting with patients to best meet those needs.

Explanation of research process: This research study will involve the researcher observing and if agreeable, audio recording the encounters between alternative health care providers and their patients. The researcher will conduct audio recorded interviews with each patient following the provider-patient encounter. The researcher will make notations during the observed provider-patient encounters in order to include non-verbal interactions. The interview with the patient will take place with only the patient and the researcher present. If agreeable, the researcher will require the phone number of the patient for the purpose of clarifying information if need be. Confidentiality will be maintained at all times. The names and phone numbers of participants will be known only to the researcher and will not be provided to any other individual. You may negotiate with the researcher at any time throughout the study as to the exclusion of particular information you may provide. Provider and patient participation in this study is strictly voluntary and there will be no retribution of any type for not participating. Information obtained in this study will be formulated into a descriptive report and included in the researcher's Master's Thesis. Upon completion, a copy will be reviewed by the faculty at the Graduate School of Nursing at the Uniformed Services University of the Health Sciences, a copy will be maintained in the Learning Resource Center (library) of the university, and a copy will be forwarded to the Air University Library at Maxwell Air Force Base, Alabama. Inherent in this research endeavor is the potential for publication of the study.

_____
initials/date

As a participant in the study: You have the right to ask questions or discuss concerns at any time during the research process. You may discuss any questions/concerns with the researcher at this time or you may phone her later (Patricia A. Smith, 301-530-9065) or you may contact the Graduate School of Nursing at (301) 295-9003. The Thesis Committee Chairperson for this study is Lt. Col. Regina Aune, USAF, PhD.

Risks and Benefits of participation in this study: This reserach study imposes no physical risks to any participants. The presence of the researcher during the provider-patient encounter may hinder free expression and communication on the part of the provider and/or the patient. The time necessary for the interviews may be of inconvenience to the patient as well as to the provider. The benefit of participating in this research study will be the knowledge that you are assisting in a scientific endeavor that will hopefully prove beneficial to health care professionals in their efforts to improve interactions and relationships with patients.

Recourse in the Event of Injury: This study should not entail any physical or mental risk beyond those described above. We do not expect complications to occur, but if, for any reason, you feel that continuing this study would constitute a hardship for you, we will end your participation in the study. DOD will provide medical care at Government facilities for any DOD eligibles (active duty, dependents, and retired military) for injury or illness resulting from participation in this research. Such care will not be available, except in the case of an emergency, to other research participants. Compensation may be available through judicial avenues to non-active duty reserach participants if they are injured through the negligence (fault) of the Government. If at any time you believe you have suffered an injury or illness as a result of participating in this research project, you should contact the Office of Research Administration at the Uniformed Services University of the Health Sciences, Bethesda, MD 20814 at (301) 295-3303. This office can review the matter with you, can provide information about your rights as a subject, and may be able to identify resources available to you. Information about judicial avenues of compensation is available from the University's General Counsel at (301) 295-3028.

_____

initials/date

I fully understand the above information and have had all current questions and concerns addressed. I voluntarily agree to participate in this research study and make this agreement without any element of force, deceit, duress, or other forms of constraint or coercion.

_____

signature/date

I do agree to the audio recording of the observed provider-patient sessions.

_____

initials/date

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